



Public Health
England



Duncan Selbie
Chief Executive

Friday message

Friday 22 November 2013

Dear everyone

This week we made our first appearance before the Health Select Committee who were interested in finding out how we have got on since 1 April. Their most pressing concern was to determine whether PHE had, as originally promised by Government, an expert voice independent from the Department of Health and the freedom to speak truth to power. I was able to reassure them that this freedom was enshrined in our Framework Agreement, published last Friday. The Committee was equally clear that it expected PHE to deliver a commentary on key public health policy issues, holding up a mirror to Government, local authorities and the NHS in changing the narrative from the historic focus on hospital based care to the people and place agenda that we know matters most in improving the health and wellbeing of the population. We were questioned closely on a range of other issues including our early priorities, NHS Health Checks, health inequalities and the underlying drivers for poor health, the new statutory duty to improve health now with local government, our recent report on the health impacts of shale gas extraction, obesity and the food industry, and alcohol minimum unit pricing. It is in the nature of public accountability that the questions can be penetrating and we learned much about their expectations and the experience will inform our work going forward.

A further indicator that the new public health system is bedding down came this week in the [initial analysis](#) of the findings of the Association of Directors of Public Health 2013 survey. The findings are encouragingly positive given that we are only seven months into the new system, particularly when compared with some of the anxieties reflected in the ADPH's surveys in 2011 and 2012. There is clearly still much to do and no grounds for complacency. These are initial analyses and we and our colleagues in the ADPH have agreed to work together on the implications of the more detailed analysis which is due next week. We will also continue to work closely with them to do everything we can to ensure the new public health system reaches its full potential. There is no doubt that the ADPH have shown exemplary willingness to engage with the new system and the progress to date is due in no small measure to this.

PHE has been supporting the humanitarian response to the recent typhoon disaster in which thousands died and millions were displaced in the Philippines, working closely with the Department of Health and the Department for International Development. Two of our staff, Dr Nick Gent and Professor Tim Brooks, went to the Philippines at very short notice as part of the UK team sponsored by DfID. They have been working with WHO in Manila to monitor and assess the health needs in the immediate post-typhoon crisis and to help coordinate and plan further support as needed. They have also helped develop guidance for the management of infectious diseases in the absence of the normal microbiology capacity which has been damaged by the typhoon. Meanwhile, back here we have been supporting DH in coordinating the UK health response and working with the UK national crisis committee.

And finally, I spent time on Wednesday with Manchester's GUM, HIV and contraceptive services and saw their preparations for national HIV testing week which starts today. Our annual [HIV report](#), published yesterday, provides the latest national picture and guidance.

With best wishes